

REGISTRATION FORM for HEALTH CLINICS

Please provide the following information for each dog

Name:	Cell phone:	Email:
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Dog #1 AKC Registered Name:

AKC Number:

Tests: Please check off each test for each individual dog

CAER Eye Exam \$ 40 <input type="checkbox"/>	Gonioscopy \$55 <input type="checkbox"/>	CAER and Gonioscopy \$ 95 <input type="checkbox"/>	Heart Auscultation \$60 <input type="checkbox"/>	Heart Echocardiogram \$250 <input type="checkbox"/>	DNA Wednesday \$5 <input type="checkbox"/>	DNA Friday \$5 <input type="checkbox"/>
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Total for Dog #1: _____

Please indicated preferred times

Early morning <input type="checkbox"/>	Late Morning <input type="checkbox"/>	Early Afternoon <input type="checkbox"/>	Late afternoon <input type="checkbox"/>	No Preference <input type="checkbox"/>
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Is this Dog is entered in Conformation? (Y/N) _____ Is this Dog entered in Obedience/Rally? (Y/N) _____

Dog # 2 AKC Registered Name:

AKC Number:

Tests: Please check off each test for each individual dog

CAER Eye Exam \$40 <input type="checkbox"/>	Gonioscopy \$55 <input type="checkbox"/>	CAER and Gonioscopy \$95 <input type="checkbox"/>	Heart Auscultation \$60 <input type="checkbox"/>	Heart Echocardiogram \$250 <input type="checkbox"/>	DNA Wednesday \$5 <input type="checkbox"/>	DNA Friday \$5 <input type="checkbox"/>
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Total for Dog # 2: _____

Please indicated preferred times

Early morning <input type="checkbox"/>	Late Morning <input type="checkbox"/>	Early Afternoon <input type="checkbox"/>	Late afternoon <input type="checkbox"/>	No Preference <input type="checkbox"/>
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Is this Dog is entered in Conformation? (Y/N) _____ Is this Dog entered in Obedience/Rally? (Y/N) _____

Total enclosed: _____

**Make checks payable to FCRSA and send completed forms and payment to: Ruth Marsh 21076
Jenn's Way Leonardtown, MD 20650 Phone (240)298-3307**